Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/343,958 **TRANSMITTAL** Filing Date June 30, 1999 First Named Inventor **FORM** Serge Jean Maurice Mister Art Unit 2132 **Examiner Name** Kambiz Zand (to be used for all correspondence after initial filing) Attorney Docket Number 0500.9904131

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ENCLOSURES (Check all that apply)										
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	Amendme Af	Fee Attached ndment/Reply After Final Affidavits/declaration(s) nsion of Time Request			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer		ocation		Appea (Appea Propri Status Other, below	reals and Interferences of Communication to TC of Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify etar Sheet
	Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			CD, Number of CD(s) Landscape Table on C			-Co	py of reference (1) urn postcard		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name Vedder, Price, Kaufn			nan &	Kammh	olz, P.C.					
Signature		1ect	ange	_						
Printed name Christopher J. Recka										
December 13, 2005		Reg			Reg. No.	34,414				
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
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Applicant cl	aims small entity s	tatus. See 37	CFR 1.27	Art Unit							
TOTAL AMOUN	T OF PAYMENT	(\$)	150.00	Attorney Dock	ket No.	0500.9904	131				
METHOD OF F	PAYMENT (chec	k all that app	ly)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0259 Deposit Account Name: Vedder Price											
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
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		ND EVALUATION	ATION FEES								
1. BASIC FILIN	NG, SEARCH, A FILII	NG FEES	SEAF	RCH FEES	EXAM	IINATION					
Application 1	Гуре <u>Fee (</u>	\$ Small Entire \$ Fee (\$)	<u>ty</u> Fee (\$	Small Entity Fee (\$)	Fee	Small E (\$) Fee (Fees Paid (\$)			
Utility	300		500	250	200						
Design	200		100	50	130						
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Indep. Claims Fee (\$) Fee Paid (\$)											
	Other (e.g., late filing surcharge):										
SUBMITTED BY											
Signature	2	11		Registration No	.04.414	- 1-	elephone	e 312-609-7599			

(Attorney/Agent) Date December 13, 2005 Name (Print/Type) Christopher J. Reckamp

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